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**PATENT APPLICATION FEE DETERMINATION RECORD**  
Substitute for Form PTO-875

Application or Docket Number:

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

**SMALL ENTITY**

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA	RATE	Fee	RATE	Fee
BASIC FEE (37 CFR 1.16(a))				\$ _____		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =			X \$ _____ =		
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 9 =			X \$ _____ =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ \$ _____ =		
				TOTAL		
If the difference in column 1 is less than zero, enter "0" in column 2.						

If the difference in column 1 is less than zero, enter "0" in column 2.

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**CLAIMS AS AMENDED – PART II**

AMENDMENT	(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA							
i. vidi (37 CFR 1.16(c))	40	MINUS	40	=			X \$ =		OR	X \$ =	
Independent (37 CFR 1.16(b))	40	Minus	3	=			X \$ =		OR	X \$ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))											
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

(Column 1)		(Column 2)		(Column 3)	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))		Minus	**	=
	Independent (37 CFR 1.16(b))		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
			RATE	ADDI- TIONAL FEE	RATE
			X \$ =		X \$ =
			X \$ =		X \$ =
			+ \$ =		+ \$ =
			TOTAL ADD'L FEE		TOTAL ADD'L FEE
			OR		OR

- If the entry in column 1 is less than the entry in column 2, write “0” in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 3, enter "3" in the space below.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to be provided by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11. This collection is estimated to require 1.0 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective December 29, 1999

Application or Docket Number

09/477977

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	18	minus 20 = * 1
INDEPENDENT CLAIMS	4	minus 3 = * 1
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY	OTHER THAN SMALL ENTITY		
					RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total	* 18	Minus	** 20	= —	X\$ 9=		X\$18=	
Independent	* 4	Minus	*** 4	= —	X39=		X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY	OTHER THAN SMALL ENTITY		
					RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total	* 40	Minus	** 20	= 20	X\$ 9=	180	X\$18=	
Independent	* 4	Minus	*** 4	= —	X39=	39	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY	OTHER THAN SMALL ENTITY		
					RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total	* 40	Minus	** 40	= —	X\$ 9=		X\$18=	
Independent	* 4	Minus	*** 5	= —	X39=		X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.